

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | MF | 1127 | 05/27/01 |
| RESPONSE FORMALITY REVIEW | MD | 1127 | 01/31/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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